# **United States Bankruptcy Court Eastern District of Michigan**

| In re | Capital Contracting Co. |        | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---------|--------------|--|
| •     |                         | Debtor |         |              |  |
|       |                         |        | Chapter | 7            |  |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES  | OTHER |
|---------------------------------------------------------------------------------|----------------------|------------------|-------------------|--------------|-------|
| A - Real Property                                                               | Yes                  | 1                | 0.00              |              |       |
| B - Personal Property                                                           | Yes                  | 3                | 364,624.60        |              |       |
| C - Property Claimed as Exempt                                                  | Yes                  | 1                |                   |              |       |
| D - Creditors Holding Secured Claims                                            | Yes                  | 1                |                   | 172,201.71   |       |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 3                |                   | 131,153.15   |       |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 10               |                   | 6,356,498.40 |       |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |              |       |
| H - Codebtors                                                                   | Yes                  | 1                |                   |              |       |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |              | 0.00  |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |              | 0.00  |
| Total Number of Sheets of ALL Schedu                                            | ıles                 | 25               |                   |              |       |
|                                                                                 | To                   | otal Assets      | 364,624.60        |              |       |
|                                                                                 |                      |                  | Total Liabilities | 6,659,853.26 |       |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 1 of 39

# **United States Bankruptcy Court Eastern District of Michigan**

| Capital Contracting Co.                                                                                                                 |                                          | Case No           | 14-58920-mar           |              |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|------------------------|--------------|
|                                                                                                                                         | Debtor                                   | CI.               | _                      |              |
|                                                                                                                                         |                                          | Chapter           | 7                      |              |
| CTATICTICAL CHMMADY OF CEDTAIN I                                                                                                        | TADILITIES AND                           | D DEL ATE         | DDATA (20 II S         | ' C          |
| STATISTICAL SUMMARY OF CERTAIN I                                                                                                        |                                          |                   | •                      | _            |
| If you are an individual debtor whose debts are primarily consumer a case under chapter 7, 11 or 13, you must report all information re | debts, as defined in § 10 duested below. | 01(8) of the Bank | cruptcy Code (11 U.S.C | C.§ 101(8)). |
| ☐ Check this box if you are an individual debtor whose debts a report any information here.                                             | are NOT primarily consu                  | mer debts. You a  | are not required to    |              |
| This information is for statistical purposes only under 28 U.S.C                                                                        |                                          |                   |                        |              |
| Summarize the following types of liabilities, as reported in the S                                                                      | Schedules, and total the                 | em.               |                        |              |
| Type of Liability                                                                                                                       | Amount                                   |                   |                        |              |
| Domestic Support Obligations (from Schedule E)                                                                                          |                                          |                   |                        |              |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                                              |                                          |                   |                        |              |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)                     |                                          |                   |                        |              |
| Student Loan Obligations (from Schedule F)                                                                                              |                                          |                   |                        |              |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                                    |                                          |                   |                        |              |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                                               |                                          |                   |                        |              |
| TOTAL                                                                                                                                   |                                          |                   |                        |              |
| State the following:                                                                                                                    |                                          |                   |                        |              |
| Average Income (from Schedule I, Line 12)                                                                                               |                                          |                   |                        |              |
| Average Expenses (from Schedule J, Line 22)                                                                                             |                                          |                   |                        |              |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)                                          |                                          |                   |                        |              |
| State the following:                                                                                                                    |                                          |                   |                        |              |
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column                                                                            |                                          |                   |                        | ]            |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column                                                                          |                                          |                   |                        |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column                                                              |                                          |                   |                        | ]            |
| 4. Total from Schedule F                                                                                                                |                                          |                   |                        | ]            |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)                                                                            |                                          |                   |                        | 1            |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 2 of 39

| In re | Capital Contracting Co. |        | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---------|--------------|--|
| _     |                         | Debtor |         |              |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Wife, Joint, or Community

Husband, Wife, Joint, or Community

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

0 continuation sheets attached to the Schedule of Real Property

14-58920-mar Doc 8 Filed 12/23/14

| In re  | Capital | Contracting | Co. |
|--------|---------|-------------|-----|
| 111 10 | Capitai | Contracting | OU. |

| Case No. | 14-58920-ma |
|----------|-------------|
|          |             |

Debtor

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property                                                                                                                          | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1.  | Cash on hand                                                                                                                              | Χ                |                                      |                                             |                                                                                                           |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or                                                                |                  | Key Bank Checking Account            | -                                           | 239.46                                                                                                    |
|     | shares in banks, savings and loan,<br>thrift, building and loan, and                                                                      |                  | PNC Checking Account                 | -                                           | 170.91                                                                                                    |
|     | homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.                                                        |                  | Charter One Bank Payroll Tax Account | -                                           | 912.29                                                                                                    |
| 3.  | Security deposits with public                                                                                                             |                  | Dept of Public Works Oakand County   | -                                           | 500.00                                                                                                    |
|     | utilities, telephone companies, landlords, and others.                                                                                    |                  | CVS Prescription                     | -                                           | 865.52                                                                                                    |
|     |                                                                                                                                           |                  | Building Security Deposit            | -                                           | 3,000.00                                                                                                  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.                                                          | Х                |                                      |                                             |                                                                                                           |
| 5.  | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles. | X                |                                      |                                             |                                                                                                           |
| 6.  | Wearing apparel.                                                                                                                          | Χ                |                                      |                                             |                                                                                                           |
| 7.  | Furs and jewelry.                                                                                                                         | X                |                                      |                                             |                                                                                                           |
| 8.  | Firearms and sports, photographic, and other hobby equipment.                                                                             | Х                |                                      |                                             |                                                                                                           |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.            | Х                |                                      |                                             |                                                                                                           |
| 10. | Annuities. Itemize and name each issuer.                                                                                                  | Х                |                                      |                                             |                                                                                                           |

Sub-Total > 5,688.18 (Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

Capital Contracting Co. In re

| Case No. 14-58920-i | mar |
|---------------------|-----|
|---------------------|-----|

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                              | N<br>O<br>N<br>E | Description and Location of Property                                 | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                                                      |                                             |                                                                                                           |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                                   | Х                |                                                                      |                                             |                                                                                                           |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                   | X                |                                                                      |                                             |                                                                                                           |
| 14. | Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                         | X                |                                                                      |                                             |                                                                                                           |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.                                                                                                                                                            | X                |                                                                      |                                             |                                                                                                           |
| 16. | Accounts receivable.                                                                                                                                                                                                                          |                  | Accounts Receivable - majority subject to builders trust fund claims | -                                           | 354,889.02                                                                                                |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                          | X                |                                                                      |                                             |                                                                                                           |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                |                  | Advances                                                             | -                                           | 3,547.40                                                                                                  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                            | Х                |                                                                      |                                             |                                                                                                           |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                          | X                |                                                                      |                                             |                                                                                                           |
| 21. | Other contingent and unliquidated                                                                                                                                                                                                             |                  | Potential Legal Malpractice suit                                     | -                                           | Unknown                                                                                                   |
|     | claims of every nature, including<br>tax refunds, counterclaims of the<br>debtor, and rights to setoff claims.<br>Give estimated value of each.                                                                                               |                  | Potential Insurance Refund                                           | -                                           | Unknown                                                                                                   |
|     |                                                                                                                                                                                                                                               |                  |                                                                      | Sub-Tota                                    | al > 358,436.42                                                                                           |

Sheet 1 of 2 continuation sheets attached

Capital Contracting Co. In re

| Case No. | 14-58920-ma |
|----------|-------------|
|          |             |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                                                                                                                                                                                                                                    | N<br>O<br>N<br>E            | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 22. Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                         | Х                           |                                      |                                             |                                                                                                           |
| 23. Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                          | X                           |                                      |                                             |                                                                                                           |
| 24. Customer lists or other compilatic containing personally identifiable information (as defined in 11 U.S. § 101(41A)) provided to the debity individuals in connection with obtaining a product or service from the debtor primarily for personal family, or household purposes. | e<br>S.C.<br>tor<br>h<br>om |                                      |                                             |                                                                                                           |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                              | i X                         |                                      |                                             |                                                                                                           |
| 26. Boats, motors, and accessories.                                                                                                                                                                                                                                                 | Χ                           |                                      |                                             |                                                                                                           |
| 27. Aircraft and accessories.                                                                                                                                                                                                                                                       | Х                           |                                      |                                             |                                                                                                           |
| 28. Office equipment, furnishings, as supplies.                                                                                                                                                                                                                                     | nd X                        |                                      |                                             |                                                                                                           |
| 29. Machinery, fixtures, equipment, supplies used in business.                                                                                                                                                                                                                      | and X                       |                                      |                                             |                                                                                                           |
| 30. Inventory.                                                                                                                                                                                                                                                                      | Scrap r                     | material from finished jobs          | -                                           | 500.00                                                                                                    |
| 31. Animals.                                                                                                                                                                                                                                                                        | Χ                           |                                      |                                             |                                                                                                           |
| 32. Crops - growing or harvested. Gi particulars.                                                                                                                                                                                                                                   | ive X                       |                                      |                                             |                                                                                                           |
| 33. Farming equipment and implements.                                                                                                                                                                                                                                               | X                           |                                      |                                             |                                                                                                           |
| 34. Farm supplies, chemicals, and fe                                                                                                                                                                                                                                                | ed. X                       |                                      |                                             |                                                                                                           |
| 35. Other personal property of any k not already listed. Itemize.                                                                                                                                                                                                                   | ind X                       |                                      |                                             |                                                                                                           |

500.00 Sub-Total > (Total of this page)

Total > 364,624.60

Sheet 2 of 2 continuation sheets attached

to the Schedule of Personal Property

In re Capital Contracting Co. Case No. 14-58920-mar

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box)  ■ 11 U.S.C. §522(b)(2)  □ 11 U.S.C. §522(b)(3) | ☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years the with respect to cases commenced on or after the date of adjustment of the commence o |                                  |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|
| Description of Property                                                                                                         | Specify Law Providing<br>Each Exemption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |

NONE.

B6C (Official Form 6C) (4/13)

| In re | Capital Contracting Co. | Case No. <u>14-58920-mar</u> | _ |
|-------|-------------------------|------------------------------|---|

Debtor

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|                                                                                                      | C             | Нι          | sband, Wife, Joint, or Community                                                                                                                                                                                             | C            | U           | D        | AMOUNT OF                                   |                                 |
|------------------------------------------------------------------------------------------------------|---------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|----------|---------------------------------------------|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | J<br>H<br>H | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN                                                                                                                               | NT L N G E N | L-QU-DA     | DISPUTED | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.                                                                                          |               |             | All Asset Lien                                                                                                                                                                                                               | Т            | T<br>E<br>D |          |                                             |                                 |
| Creditor #: 1<br>Ernesto Rotondo<br>18332 Nardy<br>Clinton Township, MI 48036                        |               | -           | This debt was incurred over a period of time and secured by a note and security agreement and UCC-1 Financing Statement filed on 02.08.2013                                                                                  |              | U           |          |                                             |                                 |
|                                                                                                      | ┸             |             | Value \$ Unknown                                                                                                                                                                                                             |              |             |          | 86,600.71                                   | Unknown                         |
| Account No.  Creditor #: 2 KeyBank USA 54 State Street 2nd Floor Albany, NY 12207                    | ×             | -           | All Asset This obligation was assumed by Contractor Rental Solutions on 11.21.2014 as part of the sale of assets by Debtor and is secured by a note and security agreement and UCC-1 Financing Statement filed on 03.28.2013 |              |             |          |                                             |                                 |
|                                                                                                      |               |             | Value \$ Unknown                                                                                                                                                                                                             |              |             |          | 85,601.00                                   | Unknown                         |
| Account No.                                                                                          |               |             | Value \$                                                                                                                                                                                                                     |              |             |          |                                             |                                 |
| Account No.                                                                                          | ╅             | T           | Turde \$                                                                                                                                                                                                                     | Н            |             |          |                                             |                                 |
| ••••                                                                                                 |               |             |                                                                                                                                                                                                                              |              |             |          |                                             |                                 |
|                                                                                                      |               |             | Value \$                                                                                                                                                                                                                     |              |             |          |                                             |                                 |
| 0 continuation sheets attached                                                                       |               | •           | S<br>(Total of th                                                                                                                                                                                                            | ubt<br>nis p |             |          | 172,201.71                                  | 0.00                            |
|                                                                                                      |               |             | (Report on Summary of Sci                                                                                                                                                                                                    |              | ota<br>ule  |          | 172,201.71                                  | 0.00                            |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 8 of 39

| •  |    |
|----|----|
| In | re |

| O 11 - I | O    | f 1      |                                         |
|----------|------|----------|-----------------------------------------|
| ( anitai | 1 An | tracting | ייייייייייייייייייייייייייייייייייייייי |
|          |      |          |                                         |

| Case No.  | 14-58920-mar |
|-----------|--------------|
| t age ivo | 14-5897U-mar |
|           |              |

Debtor

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

yeach sheet. Report the total of all claims listed on this Schedule E in the box labeled

| "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.                |
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.                                                                                                                                                                                                                                                                                                                            |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)                                                                                                                                                                                                                                                                                                            |
| ☐ Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                         |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).                                                                                                                |
| ☐ Extensions of credit in an involuntary case                                                                                                                                                                                                                                                                                                                                                                                          |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).                                                                                                                                                                                                          |
| ☐ Wages, salaries, and commissions                                                                                                                                                                                                                                                                                                                                                                                                     |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).                                     |
| ☐ Contributions to employee benefit plans                                                                                                                                                                                                                                                                                                                                                                                              |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).                                                                                                                                                                                          |
| ☐ Certain farmers and fishermen                                                                                                                                                                                                                                                                                                                                                                                                        |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).                                                                                                                                                                                                                                                                                             |
| ☐ Deposits by individuals                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

### Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Capital Contracting Co.

Case No. <u>14-58920-mar</u>

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS                                                                  | COD      | Hu     | Isband, Wife, Joint, or Community                                                   | CONT     | L N L | 1   1                | AMOUNT      | AMOUNT NOT<br>ENTITLED TO                     |
|----------------------------------------------------------------------------------------------------------|----------|--------|-------------------------------------------------------------------------------------|----------|-------|----------------------|-------------|-----------------------------------------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)                                               | DE BT OR | C<br>N | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM                              | TINGEN   | l C   | Q U<br>T<br>E<br>O D | OF CLAIM    | PRIORITY, IF ANY  AMOUNT ENTITLED TO PRIORITY |
| Account No.                                                                                              | ┪        | t      | 2013                                                                                | <b>∀</b> | T     | Г                    |             |                                               |
| Creditor #: 1<br>City of Sterling Heights<br>Dept. 296201<br>PO Box 55000<br>Detroit, MI 48255           |          | -      | Personal Property Taxes                                                             |          |       |                      |             | 0.00                                          |
|                                                                                                          |          |        |                                                                                     |          |       |                      | 3,500.59    | 3,500.59                                      |
| Account No.                                                                                              |          |        | 2012 and 2013                                                                       |          | T     |                      |             |                                               |
| Creditor #: 2<br>County of Macomb<br>1 South Main Street #2                                              |          |        | Personal Property Tax                                                               |          |       |                      |             | 5,003.24                                      |
| Mount Clemens, MI 48043                                                                                  |          | -      |                                                                                     |          |       |                      |             |                                               |
| Account No                                                                                               | ╁        | ╁      | 2012                                                                                | +        | ╁     | +                    | 5,003.24    | 0.00                                          |
| Account No.  Creditor #: 3 Internal Revenue Service                                                      |          |        | 941                                                                                 |          |       |                      |             | 45,084.67                                     |
| Centralized Insolvency Operations<br>PO Box 7346<br>Philadelphia, PA 19101-7346                          |          | -      |                                                                                     |          |       |                      |             | 10,00                                         |
|                                                                                                          |          |        |                                                                                     |          |       |                      | 45,084.67   | 0.00                                          |
| Account No.                                                                                              |          |        |                                                                                     |          |       |                      |             |                                               |
| US Attorney (IRS)<br>Attn: Civil Division<br>211 W. Fort Street, #2300<br>Detroit, MI 48226              |          |        | Representing:<br>Internal Revenue Service                                           |          |       |                      | Notice Only |                                               |
| Account No.                                                                                              | ╁        | -      | 2013 - 2014                                                                         | +        | +     | +                    |             |                                               |
| Creditor #: 4 Michigan Department of Treasury Collection/Bankruptcy Unit P O Box 30168 Lansing, MI 48909 |          | -      | MESC - \$38,738.14<br>Withholding - \$27,610.37<br>MBT - \$8,631.36 - DISPUTED-2010 |          |       |                      |             | 74,979.87                                     |
|                                                                                                          |          |        |                                                                                     |          |       |                      | 74,979.87   | 0.00                                          |
| Sheet _1 of _2 continuation sheets atta                                                                  | iche     | ed to  | )                                                                                   | Sub      | tot   | al                   |             | 125,067.78                                    |
| Schedule of Creditors Holding Unsecured Prior                                                            |          |        |                                                                                     | this     | pa    | ge)                  | 128,568.37  | 3,500.59                                      |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 10 of 39

In re Capital Contracting Co.

| Case 110. 14-30320-111a | Case No. | 14-58920-mai |
|-------------------------|----------|--------------|
|-------------------------|----------|--------------|

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2012 Account No. Creditor #: 5 Personal Property Taxes Oakland County Treasurer's Office 0.00 Dept. 479 1200 N. Telegraph Rd. Pontiac, MI 48341-0479 2,584.78 2,584.78 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet 2 of 2 continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 2,584.78 2,584.78

(Report on Summary of Schedules) 131,153.15 | 14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 11 of 39

6,085.37

125,067.78

| In re | Capital Contracting Co. |        | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---------|--------------|--|
|       |                         | Debtor |         |              |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

 $\square$  Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,                                                                         | Ç        | Н           | usband, Wife, Joint, or Community                                                                                    | CO       | Ų             | D        |                 |
|------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)         | CODEBTOR | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE                                                      | ONTINGEN | NL QU L DATED | DISPUTED | AMOUNT OF CLAIM |
| Account No.                                                                              |          |             | 2012                                                                                                                 | T        | Ţ             |          |                 |
| Creditor #: 1<br>ABP Investments, LLC<br>42536 Hayes Road<br>Clinton Township, MI 48038  | ×        | -           | This obligation was assumed by Contractor Solutions Rental on 11.21.2014 as part of the sale of assets of the Debtor |          | D             |          |                 |
|                                                                                          |          |             |                                                                                                                      |          |               |          | 24,816.69       |
| Account No.  Creditor #: 2 Airgas USA, LLC PO Box 802576 Chicago, IL 60680               |          | -           | 2014<br>Trade Debt                                                                                                   |          |               |          | 84.35           |
| Account No.                                                                              | +        |             | 2014                                                                                                                 |          |               |          |                 |
| Creditor #: 3 Amerisure Mutual Insurance Company 26777 Halsted Road Farmington, MI 48331 |          | -           | Insurance                                                                                                            |          |               |          | 34,036.72       |
| Account No.                                                                              | +        | -           | 2014                                                                                                                 |          |               |          | 34,030.72       |
| Creditor #: 4 Ann Saterstad 6336 Millett Avenue Sterling Heights, MI 48312               |          | -           | Medical Reimbursement                                                                                                |          |               |          | 3.25            |
|                                                                                          | _        | 1           |                                                                                                                      | 1        | 1             | 1        | i               |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 12 of 39

| In re | Capital Contracting Co. |        |   | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---|---------|--------------|--|
| -     |                         | Debtor | , |         |              |  |

|                                                                                  |          | _      |                                                                                                                      |           |             | _                |                 |
|----------------------------------------------------------------------------------|----------|--------|----------------------------------------------------------------------------------------------------------------------|-----------|-------------|------------------|-----------------|
| CREDITOR'S NAME,                                                                 | CO       | Н      | usband, Wife, Joint, or Community                                                                                    | CO        | UNL         | D                |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H |                                                                                                                      | COZH_ZGШZ | _ QU_ D     | P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No.                                                                      |          |        | 2014                                                                                                                 | Ť         | Ā<br>T<br>E |                  |                 |
| Creditor #: 5<br>ARC                                                             |          |        | Trade Debt                                                                                                           |           | D           |                  |                 |
| 1009 W. Maple Rd.<br>Clawson, MI 48017                                           |          | -      |                                                                                                                      |           |             |                  |                 |
|                                                                                  |          |        |                                                                                                                      |           |             |                  | 93.43           |
| Account No.                                                                      |          |        |                                                                                                                      |           |             |                  |                 |
| Creditor #: 6 Association Benefits 27333 Meadowbrook                             |          | -      |                                                                                                                      |           |             | x                |                 |
| Novi, MI 48377                                                                   |          |        |                                                                                                                      |           |             |                  |                 |
|                                                                                  |          |        |                                                                                                                      |           |             |                  | 2,392.87        |
| Account No.                                                                      |          |        | 2010                                                                                                                 |           |             |                  |                 |
| Creditor #: 7<br>Carl F. Schier                                                  |          |        | Attorney Fees                                                                                                        |           |             |                  |                 |
| PO Box 980665                                                                    |          | -      |                                                                                                                      |           |             |                  |                 |
| Ypsilanti, MI 48198                                                              |          |        |                                                                                                                      |           |             |                  |                 |
|                                                                                  |          |        |                                                                                                                      |           |             |                  | 65,263.68       |
| Account No.                                                                      |          |        | 2013                                                                                                                 |           |             |                  |                 |
| Creditor #: 8 Caterpillar Financial Services PO Box 730669 Dallas, TX 75373      | х        | -      | This obligation was assumed by Contractor Solutions Rental on 11.21.2014 as part of the sale of assets of the Debtor |           |             |                  |                 |
| Dallas, 17 73773                                                                 |          |        |                                                                                                                      |           |             |                  |                 |
|                                                                                  |          |        |                                                                                                                      |           |             |                  | 131,240.88      |
| Account No.                                                                      |          |        | 2013<br>Line of Credit                                                                                               |           |             |                  |                 |
| Creditor #: 9<br>Caterpillar Financial Svcs                                      |          |        | Line of Gredit                                                                                                       |           |             |                  |                 |
| PO Box 905229                                                                    |          | -      |                                                                                                                      |           |             |                  |                 |
| Charlotte, NC 28290                                                              |          |        |                                                                                                                      |           |             |                  |                 |
|                                                                                  |          |        |                                                                                                                      |           |             |                  | 2,770.30        |
| Sheet no1 of _9 sheets attached to Schedule of                                   |          |        | S                                                                                                                    | ubt       | ota         | 1                | 201,761.16      |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |        | (Total of the                                                                                                        | nis p     | pag         | ge)              | 201,701.10      |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 13 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        | Case No | 14-58920-mar |
|-------|-------------------------|--------|---------|--------------|
| _     | ·                       | Debtor |         |              |

| CDEDITORIS VALVE                                                                                      | C O D E B T O R | Тн          | usband, Wife, Joint, or Community                             | С          | U              | D               |                 |
|-------------------------------------------------------------------------------------------------------|-----------------|-------------|---------------------------------------------------------------|------------|----------------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)     |                 | C<br>N<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM |            | NL I QU I DATE | D I S P U T E D | AMOUNT OF CLAIM |
| Account No.                                                                                           |                 | T           | 2014                                                          | <b>⊣</b> ; | T              |                 |                 |
| Creditor #: 10 Comcast Billing Department 41112 Concept Drive Plymouth, MI 48170                      |                 | -           | Internet/Phone                                                |            | D              |                 | 206.77          |
| Account No.                                                                                           |                 | +           | 2014                                                          |            | +              | +               |                 |
| Creditor #: 11<br>Consumers Energy<br>Attn: Legal Department<br>One Energy Plaza<br>Jackson, MI 49201 |                 | -           | Utility Services                                              |            |                |                 |                 |
|                                                                                                       |                 |             |                                                               |            |                |                 | 431.85          |
| Account No.  Creditor #: 12 Contractors Connection 2644 Auburn Road Utica, MI 48317                   |                 | -           | 2014<br>Trade Debt                                            |            |                |                 | 1,054.13        |
| Account No.                                                                                           |                 | +           | 2014                                                          |            | +              | +               | .,000           |
| Creditor #: 13<br>Corrigan Oil Company<br>775 N. Second Street<br>Brighton, MI 48116                  |                 | -           | Trade Debt                                                    |            |                |                 | 6,814.87        |
| Account No.                                                                                           | _               | ╁           | 2014                                                          | _          | +              | +               | 3,6 :           |
| Creditor #: 14 Culligan of Ann Arbor/Detroit Lockbox Processing PO Box 2932 Wichita, KS 67201         |                 | -           | Trade Debt                                                    |            |                |                 | 35.03           |
| Sheet no. 2 of 9 sheets attached to Schedul                                                           | le of           |             | I                                                             | Sub        | tota           | ⊥<br>al         |                 |
| Creditors Holding Unsecured Nonpriority Claims                                                        | -               |             | (Total o                                                      |            |                |                 | 8,542.65        |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 14 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        |    | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|----|---------|--------------|--|
| -     |                         | Debtor | ., |         |              |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS                              | CODE     | Н           |                                   | CONT  | UNL   | D<br>I<br>S |                 |
|------------------------------------------------------------------|----------|-------------|-----------------------------------|-------|-------|-------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM | NGENT | QULDA | SPUTED      | AMOUNT OF CLAIM |
| Account No.                                                      |          |             | 2014<br>Trade Debt                | Ť     | DATED |             |                 |
| Creditor #: 15<br>Diamond Tire Company                           |          |             | Trade Debt                        |       |       |             |                 |
| 13101 Eckles                                                     |          | -           |                                   |       |       |             |                 |
| Plymouth, MI 48170                                               |          |             |                                   |       |       |             |                 |
|                                                                  |          |             |                                   |       |       |             | 1,756.34        |
| Account No.                                                      |          |             | 2014                              |       |       |             |                 |
| Creditor #: 16<br>DTE Energy                                     |          |             | Utility Services                  |       |       |             |                 |
| 1 Energy Plaza, 2124 WCB                                         |          | -           |                                   |       |       |             |                 |
| Detroit, MI 48226-1221                                           |          |             |                                   |       |       |             |                 |
|                                                                  |          |             |                                   |       |       |             | 447.63          |
| Account No.                                                      |          |             | 2014                              |       |       |             |                 |
| Creditor #: 17<br>Guardian Alarm                                 |          |             | Alarm                             |       |       |             |                 |
| 20800 Southfield Road                                            |          | -           |                                   |       |       |             |                 |
| Southfield, MI 48075                                             |          |             |                                   |       |       |             |                 |
|                                                                  |          |             |                                   |       |       |             | 75.80           |
| Account No.                                                      | T        |             | 2014                              |       |       |             |                 |
| Creditor #: 18<br>Holloway Heavy Hauling                         |          |             | Trade Debt                        |       |       |             |                 |
| 45658 Kenmore Street                                             |          | -           |                                   |       |       |             |                 |
| Utica, MI 48317                                                  |          |             |                                   |       |       |             |                 |
|                                                                  |          |             |                                   |       |       |             | 1,710.00        |
| Account No.                                                      |          |             | 2014                              |       |       |             |                 |
| Creditor #: 19<br>J&H Transportation                             |          |             | Trade Debt                        |       |       |             |                 |
| 37580 Mound Road                                                 |          | -           |                                   |       |       |             |                 |
| Sterling Heights, MI 48310                                       |          |             |                                   |       |       |             |                 |
|                                                                  |          |             |                                   |       |       |             | 8,146.42        |
| Sheet no3 of _9 sheets attached to Schedule of                   |          |             |                                   | Sub   |       |             | 12,136.19       |
| Creditors Holding Unsecured Nonpriority Claims                   |          |             | (Total of t                       | his   | pag   | ge)         | 12,100.10       |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 15 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        |    | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|----|---------|--------------|--|
| •     |                         | Debtor | ., |         |              |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | C<br>A<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE. | M             | COZH_ZGWZH | UNLIQUIDA             | ΙE | AMOUNT OF CLAIM |
|-------------------------------------------------------------------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------|---------------|------------|-----------------------|----|-----------------|
| Account No.  Creditor #: 20 James A. Rocchio, PC 300 E. Long Lake Road, #200 Bloomfield Hills, MI 48304                       |          | -           | 2014<br>Accounting/Legal                                                                     |               | T          | D<br>A<br>T<br>E<br>D |    | 13,922.50       |
| Account No.  Creditor #: 21 Jimmy's Heavy Haul, Inc. 1715 W. Houston Avenue Royal Oak, MI 48073                               |          | -           | 2014<br>Trade Debt                                                                           |               |            |                       |    | 3,385.00        |
| Account No.  Creditor #: 22 Jon Novak 6336 Millett Avenue Sterling Heights, MI 48312                                          |          | -           | 2011, 2012 and 2013<br>Unpaid Medical                                                        |               |            |                       |    | 1,450.73        |
| Account No.  Creditor #: 23 Ken Holloway 6336 Millett Avenue Sterling Heights, MI 48312                                       |          | -           | 2014<br>Medical Reimbursement                                                                |               |            |                       |    | 2,233.16        |
| Account No.  Creditor #: 24 Longhorn Estates, LLC c/o McAlpine, PC 3201 W. University Drive, Suite 100 Auburn Hills, MI 48326 |          | -           | 2014<br>Judgment entered 12.03.2014                                                          |               |            |                       |    | 5,500,000.00    |
| Sheet no. <u>4</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                  |          |             | (Tot                                                                                         | S<br>al of th |            | ota                   |    | 5,520,991.39    |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 16 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        |   | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---|---------|--------------|--|
| •     |                         | Debtor | , |         |              |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS                              | 000      | Н           | usband, Wife, Joint, or Community                                                            | CONT    | U N L     | D<br>I<br>S |                 |
|------------------------------------------------------------------|----------|-------------|----------------------------------------------------------------------------------------------|---------|-----------|-------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM                                                            | - NGENT | - QU - D4 | SPUTED      | AMOUNT OF CLAIM |
| Account No.                                                      |          |             | 2006, 2014                                                                                   | Ť       | DATED     |             |                 |
| Creditor #: 25<br>Mack Ind of Michigan                           |          |             | Trade Debt                                                                                   |         |           |             |                 |
| 8265 White Lake Road                                             |          | -           |                                                                                              |         |           |             |                 |
| White Lake, MI 48386                                             |          |             |                                                                                              |         |           |             |                 |
|                                                                  |          |             |                                                                                              |         |           |             | 30,539.43       |
| Account No.                                                      |          | T           | 2014                                                                                         |         |           |             |                 |
| Creditor #: 26<br>Marvin Peplinski                               |          |             | Unpaid Medical                                                                               |         |           |             |                 |
| 6336 Millett Avenue                                              |          | -           |                                                                                              |         |           |             |                 |
| Sterling Heights, MI 48312                                       |          |             |                                                                                              |         |           |             |                 |
|                                                                  |          |             |                                                                                              |         |           |             | 41.76           |
| Account No.                                                      | Г        |             | 2014                                                                                         |         |           |             |                 |
| Creditor #: 27<br>Maxi Automotive Supply                         |          |             | Trade Debt                                                                                   |         |           |             |                 |
| 50679 Design Lane, Suite B                                       |          | -           |                                                                                              |         |           |             |                 |
| Utica, MI 48315                                                  |          |             |                                                                                              |         |           |             |                 |
|                                                                  |          |             |                                                                                              |         |           |             | 309.01          |
| Account No. xxxxx7-702                                           | Γ        |             | 2014                                                                                         |         |           |             |                 |
| Creditor #: 28<br>Michigan CAT                                   |          |             | This obligation was assumed by Contractor Solutions Rental on 11.21.2014 as part of the sale |         |           |             |                 |
| 12550 23 Mile road                                               | Х        | -           | of assets of the Debtor                                                                      |         |           |             |                 |
| Utica, MI 48315                                                  |          |             |                                                                                              |         |           |             |                 |
|                                                                  |          |             |                                                                                              |         |           |             | 183,752.00      |
| Account No.                                                      |          |             |                                                                                              |         |           |             |                 |
| Wells Fargo Bank, N.A.                                           |          |             | Representing:                                                                                |         |           |             |                 |
| P.O. Box 650828                                                  |          |             | Michigan CAT                                                                                 |         |           |             | Notice Only     |
| Dallas, TX 75265-0828                                            |          |             |                                                                                              |         |           |             |                 |
|                                                                  |          |             |                                                                                              |         |           |             |                 |
| Sheet no5 of _9 sheets attached to Schedule of                   |          |             | S                                                                                            | Subt    | ota       | 1           | 214,642.20      |
| Creditors Holding Unsecured Nonpriority Claims                   |          |             | (Total of t                                                                                  | his     | pag       | ge)         | ]               |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 17 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        |   | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---|---------|--------------|--|
| •     |                         | Debtor | , |         |              |  |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)            | C O D E B T O R | C<br>N<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IS CHAIM TO SET TO SET OF SOME THE                                   | CONTINGENT  | Q<br>U<br>I           | lΕ | AMOUNT OF CLAIM |
|--------------------------------------------------------------------------------------------------------------|-----------------|-------------|---------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|----|-----------------|
| Account No. xxxxx7-701  Creditor #: 29 Michigan CAT 12550 23 Mile road Utica, MI 48315                       | x               | -           | 2014 This obligation was assumed by Contractor Solutions Rental on 11.21.2014 as part of the sale of assets of the Debtor |             | D<br>A<br>T<br>E<br>D |    | 69,815.00       |
| Account No.  Creditor #: 30 Michigan Gas Utilities 899 S. Telegraph Road Monroe, MI 48161                    |                 | -           | 2011<br>Utility Service                                                                                                   |             |                       |    | 580.14          |
| Account No.  Creditor #: 31 Michigan Pipe & Valve 4040 Eagles Nest Road Flushing, MI 48433                   |                 | -           | 2014<br>Trade Debt                                                                                                        |             |                       |    | 79,467.37       |
| Account No.  Creditor #: 32 MITA, INC. PO Box 1640 Okemos, MI 48805                                          |                 | -           | 2013 - 2014<br>Association Dues                                                                                           |             |                       |    | 2,875.00        |
| Account No.  Creditor #: 33  Northern Concrete Pipe, Inc. 410 Kelton Street  Bay City, MI 48706              |                 | -           | 2004, 2005, 2006 and 2014<br>Trade Debt                                                                                   |             |                       |    | 35,091.52       |
| Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                 |             | (Total of t                                                                                                               | Subt<br>his |                       |    | 187,829.03      |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 18 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        | Case No. <u>14-58920-mar</u> |
|-------|-------------------------|--------|------------------------------|
| •     |                         | Debtor |                              |

| CREDITOR'S NAME,<br>MAILING ADDRESS                              | C O D    | Н           | usband, Wife, Joint, or Community | CONT           | U<br>N<br>L      | D<br>I<br>S |                 |
|------------------------------------------------------------------|----------|-------------|-----------------------------------|----------------|------------------|-------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>J<br>M |                                   | TINGEN         | Iυ               | SPUTED      | AMOUNT OF CLAIM |
| Account No.                                                      |          |             | 2014                              | ] <del>`</del> | Ā<br>T<br>E<br>D |             |                 |
| Creditor #: 34<br>Office Express                                 |          |             | Trade Debt                        |                | ٦                |             |                 |
| 1280 E. Big Beaver Road                                          |          | -           |                                   |                |                  |             |                 |
| Troy, MI 48083                                                   |          |             |                                   |                |                  |             |                 |
|                                                                  |          |             |                                   |                |                  |             | 49.08           |
| Account No.                                                      |          |             | 2014                              |                |                  |             |                 |
| Creditor #: 35<br>Pellegrino & Co., PC                           |          |             | Accounting                        |                |                  |             |                 |
| 42536 Hayes Road, Suite 800                                      |          | -           |                                   |                |                  |             |                 |
| Clinton Township, MI 48038                                       |          |             |                                   |                |                  |             |                 |
|                                                                  |          |             |                                   |                |                  |             | 2,300.00        |
| Account No.                                                      |          |             | 2014                              |                |                  |             |                 |
| Creditor #: 36<br>PNC Bank                                       |          |             | Lines of Credit                   |                |                  |             |                 |
| PO Box 856177                                                    |          | -           |                                   |                |                  |             |                 |
| Louisville, KY 40285                                             |          |             |                                   |                |                  |             |                 |
|                                                                  |          |             |                                   |                |                  |             | 20,011.99       |
| Account No.                                                      |          |             | 2014                              |                |                  |             |                 |
| Creditor #: 37<br>Rizzo Environmental Services                   |          |             | Trash Service                     |                |                  |             |                 |
| 6200 Elmridge                                                    |          | -           |                                   |                |                  | X           |                 |
| Sterling Heights, MI 48313                                       |          |             |                                   |                |                  |             |                 |
|                                                                  |          |             |                                   |                |                  |             | 75.00           |
| Account No.                                                      |          |             | 2012, 2013 and 2014               |                |                  |             |                 |
| Creditor #: 38<br>Robert A. Rotondo                              |          |             | Unpaid Medical                    |                |                  |             |                 |
| 6336 Millett Avenue                                              |          | -           |                                   |                |                  |             |                 |
| Sterling Heights, MI 48312                                       |          |             |                                   |                |                  |             |                 |
|                                                                  | L        |             |                                   |                |                  |             | 4,691.12        |
| Sheet no7 of _9 sheets attached to Schedule of                   |          |             |                                   | Sub            |                  |             | 27,127.19       |
| Creditors Holding Unsecured Nonpriority Claims                   |          |             | (Total of                         | his            | pag              | ge)         | ,               |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 19 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        |   | Case No | 14-58920-mar |  |
|-------|-------------------------|--------|---|---------|--------------|--|
| •     |                         | Debtor | , |         |              |  |

| CREDITOR'S NAME,<br>MAILING ADDRESS                              | COD      | H      | usband, Wife, Joint, or Community | CONT   | U<br>N<br>L | D<br>I<br>S      |                 |
|------------------------------------------------------------------|----------|--------|-----------------------------------|--------|-------------|------------------|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>M |                                   | TINGEN | I QUI D     | P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No.                                                      |          |        | 2014                              | ٦Ÿ     | ΙĒ          |                  |                 |
| Creditor #: 39<br>Sable Law Firm                                 |          |        | Legal Services                    |        | D           |                  |                 |
| 48723 Hayes Road<br>Utica, MI 48315                              |          | -      |                                   |        |             |                  |                 |
|                                                                  |          |        |                                   |        |             |                  | 19,600.00       |
| Account No.                                                      |          |        | 2014                              |        |             |                  |                 |
| Creditor #: 40<br>Shelby Underground                             |          |        | Trade Debt                        |        |             |                  |                 |
| 12304 24 Mile Road<br>Utica, MI 48315                            |          | -      |                                   |        |             |                  |                 |
|                                                                  |          |        |                                   |        |             |                  | 46,100.00       |
| Account No.                                                      |          | T      | 2014                              | +      |             |                  |                 |
| Creditor #: 41<br>Ubaldo Rincon                                  |          |        | Unpaid Medical                    |        |             |                  |                 |
| 6336 Millett Avenue                                              |          | -      |                                   |        |             |                  |                 |
| Sterling Heights, MI 48312                                       |          |        |                                   |        |             |                  |                 |
|                                                                  |          |        |                                   |        |             |                  | 267.08          |
| Account No.                                                      |          |        | 2014<br>Lines of Credit           |        |             |                  |                 |
| Creditor #: 42<br>US Bank                                        |          |        | Lines of Cledit                   |        |             |                  |                 |
| PO Box 790408<br>Saint Louis, MO 63179                           |          | -      |                                   |        |             |                  |                 |
| Saint Louis, MO 03179                                            |          |        |                                   |        |             |                  |                 |
|                                                                  |          |        |                                   |        |             |                  | 44,271.40       |
| Account No.                                                      |          |        | 2014                              |        |             |                  |                 |
| Creditor #: 43<br>Viviano Flower Shop                            |          |        | Trade Debt                        |        |             |                  |                 |
| 32050 Harper Avenue                                              |          | -      |                                   |        |             |                  |                 |
| Saint Clair Shores, MI 48082                                     |          |        |                                   |        |             |                  |                 |
|                                                                  |          |        |                                   |        |             |                  | 115.50          |
| Sheet no8 of _9 sheets attached to Schedule of                   |          |        |                                   | Sub    |             |                  | 110,353.98      |
| Creditors Holding Unsecured Nonpriority Claims                   |          |        | (Total of                         | this   | pag         | ge)              |                 |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 20 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| In re | Capital Contracting Co. |        | Case No. <u>14-58920-mar</u> |
|-------|-------------------------|--------|------------------------------|
| ,     |                         | Debtor |                              |

| CREDITOR'S NAME,                                                                               | CO       | Н           | usband, Wife, Joint, or Community | CO         | U            | I<br>I |                       |                 |
|------------------------------------------------------------------------------------------------|----------|-------------|-----------------------------------|------------|--------------|--------|-----------------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | CODEBTOR | C<br>A<br>M |                                   | CONTINGENT | IΩ           | Į      | S<br>P<br>U<br>T<br>E | AMOUNT OF CLAIM |
| Account No.                                                                                    |          |             | 2014                              | Т          | T<br>E       |        |                       |                 |
| Creditor #: 44<br>Wiegand Crushing Company<br>37580 Mound Road<br>Sterling Heights, MI 48312   |          | _           | Trade Debt                        |            | D            |        |                       | 13,959.12       |
| Account No.                                                                                    | $\vdash$ | ┢           | 2014                              | _          | <u> </u>     | +      | +                     | 10,000.12       |
| Creditor #: 45 Xerox Financial Services PO Box 202882 Dallas, TX 75320                         |          | -           | Office equipment lease            |            |              |        |                       |                 |
|                                                                                                |          |             |                                   |            |              |        |                       | 214.48          |
| Account No.                                                                                    |          |             |                                   |            |              |        |                       |                 |
|                                                                                                |          |             |                                   |            |              |        |                       |                 |
| Account No.                                                                                    |          | T           |                                   |            | T            | T      | 7                     |                 |
|                                                                                                |          |             |                                   |            |              |        |                       |                 |
| Account No.                                                                                    | Г        | T           |                                   |            |              | T      | 7                     |                 |
|                                                                                                |          |             |                                   |            |              |        |                       |                 |
| Sheet no. 9 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t                       | Sub        |              |        | )                     | 14,173.60       |
|                                                                                                |          |             | (Report on Summary of So          |            | Fota<br>dule |        | - 1                   | 6,356,498.40    |

14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 21 of 39 Software Copyright (c) 1996-2014 - Best Case, LLC - www.bestcase.com

| •  |    |
|----|----|
| ln | rρ |
|    |    |

| Capital | Contracting | $C_{0}$ |
|---------|-------------|---------|
| Capital | Contracting | CO.     |

Ada, MI 49301

| Case No. | 14-58920-mar |
|----------|--------------|
|          |              |

Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ally Bank<br>P.O. Box 130424<br>Saint Paul, MN 55113-0004                           | Lease on 2014 Terrain *** Assigned to Concordia LLC on 12-1-14                                                                                                               |
| Donald Gleneski<br>37238 Ingleside<br>Clinton Township, MI 48036                    | Building Lease expires 5-31-18-*** Lease assigned to Concordia Contracting LLC on 12-1-14                                                                                    |
| Xerox<br>4670 E. Fulton Street                                                      | CopierLease - Not assuming                                                                                                                                                   |

In re

Capital Contracting Co.

| Case No. | 14-58920-mar |  |
|----------|--------------|--|
|          |              |  |

Debtor

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

#### NAME AND ADDRESS OF CODEBTOR

Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

\*Assumed the debt of Debtor as part of the purchase and sale of assets 11.21.2014

Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

\*\*Assumed the debt of Debtor as part of the purchase and sale of assets 11.21.2014

Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

\*Assumed the debt of Debtor as part of the purchase and sale of assets 11.21.2014

Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

\*Assumed the debt of Debtor as part of the purchase and sale of assets 11.21.2014

Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

\*Assumed the debt of Debtor as part of the purchase and sale of assets 11.21.2014

#### NAME AND ADDRESS OF CREDITOR

KeyBank USA 54 State Street 2nd Floor Albany, NY 12207

ABP Investments, LLC 42536 Hayes Road Clinton Township, MI 48038

Michigan CAT 12550 23 Mile road Utica, MI 48315

Michigan CAT 12550 23 Mile road Utica, MI 48315

Caterpillar Financial Services PO Box 730669 Dallas, TX 75373

|                                 | in this information t                                       |                                     |                                                                                    |                                            |                        |                 |                                         |                                        |                              |    |  |
|---------------------------------|-------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|------------------------|-----------------|-----------------------------------------|----------------------------------------|------------------------------|----|--|
| Det                             | otor 1                                                      | Ernesto Roto                        | ndo                                                                                |                                            |                        | _               |                                         |                                        |                              |    |  |
| -                               | otor 2<br>buse, if filing)                                  | -                                   |                                                                                    |                                            |                        | _               |                                         |                                        |                              |    |  |
| Uni                             | ted States Bankrup                                          | tcy Court for the                   | EASTERN DISTRICT                                                                   | OF MICHIGAN                                |                        | _               |                                         |                                        |                              |    |  |
|                                 |                                                             | -58920-mar                          |                                                                                    | <u>.</u>                                   |                        |                 | Check if this is:                       |                                        |                              |    |  |
| (If kn                          | nown)                                                       |                                     |                                                                                    |                                            |                        |                 | ☐ An amende                             | •                                      |                              |    |  |
|                                 | · · · · -                                                   | D. 01                               |                                                                                    |                                            |                        |                 |                                         | ent showing post<br>as of the followin |                              | ſ  |  |
|                                 | fficial Form                                                |                                     |                                                                                    |                                            |                        |                 | MM / DD/ Y                              | YYY                                    |                              |    |  |
|                                 | chedule I:                                                  |                                     | ome<br>sible. If two married peo                                                   |                                            |                        |                 |                                         |                                        | 12/1                         | 13 |  |
| sup <sub>i</sub><br>spo<br>atta | plying correct infouse. If you are sep<br>ch a separate she | ormation. If you<br>parated and you | are married and not filir<br>r spouse is not filing wi<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i<br>ide inforr | s livi<br>natio | ing with you, incl<br>on about your spo | ude information<br>ouse. If more sp    | about your<br>ace is needed, |    |  |
| 1.                              | Fill in your empl information.                              | oyment                              |                                                                                    | Debtor 1                                   |                        |                 | Debtor 2                                | or non-filing s                        | pouse                        |    |  |
|                                 | If you have more                                            |                                     | Employment status                                                                  | ■ Employed                                 |                        |                 | ■ Empl                                  | ■ Employed                             |                              |    |  |
|                                 | attach a separate page with information about additional    |                                     |                                                                                    | ☐ Not employed                             |                        |                 | ☐ Not e                                 | ☐ Not employed                         |                              |    |  |
|                                 | employers.                                                  | account or                          | Occupation                                                                         |                                            |                        |                 |                                         |                                        |                              |    |  |
|                                 | Include part-time,<br>self-employed wo                      |                                     | Employer's name                                                                    |                                            |                        |                 |                                         |                                        |                              |    |  |
|                                 | Occupation may i<br>or homemaker, if                        |                                     | Employer's address                                                                 |                                            |                        |                 |                                         |                                        |                              |    |  |
|                                 |                                                             |                                     | How long employed to                                                               | here?                                      |                        |                 |                                         |                                        | _                            |    |  |
| Par                             | t 2: Give De                                                | tails About Mor                     | thly Income                                                                        |                                            |                        |                 |                                         |                                        |                              |    |  |
|                                 | mate monthly incouse unless you are                         |                                     | ate you file this form. If                                                         | you have nothing to r                      | report for             | any I           | ine, write \$0 in the                   | space. Include y                       | our non-filing               |    |  |
| If yo<br>more                   | u or your non-filing<br>e space, attach a se                | spouse have mo<br>eparate sheet to  | ore than one employer, co                                                          | ombine the information                     | on for all e           | mplo            | yers for that perso                     | n on the lines be                      | low. If you need             | ţ  |  |
|                                 |                                                             |                                     |                                                                                    |                                            |                        |                 | For Debtor 1                            | For Debtor 2 non-filing spe            |                              |    |  |
| 2.                              |                                                             |                                     | ry, and commissions (becalculate what the monthle                                  |                                            | 2.                     | \$              | 0.00                                    | \$                                     | 0.00                         |    |  |
| 3.                              | Estimate and lis                                            | t monthly overt                     | ime pay.                                                                           |                                            | 3.                     | +\$             | 0.00                                    | +\$                                    | 0.00                         |    |  |
| 4.                              | Calculate gross                                             | Income. Add lir                     | ne 2 + line 3.                                                                     |                                            | 4.                     | \$              | 0.00                                    | \$0                                    | 0.00                         |    |  |
|                                 |                                                             |                                     |                                                                                    |                                            |                        | -               |                                         | -                                      |                              |    |  |

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

| 12. | \$   | 0.00 |
|-----|------|------|
|     | <br> |      |

Combined monthly income

0.00

| 13. | Do | you expec | t an | increase | or | decrease | within | the | year | after | you | file | this | form | ? |
|-----|----|-----------|------|----------|----|----------|--------|-----|------|-------|-----|------|------|------|---|
|-----|----|-----------|------|----------|----|----------|--------|-----|------|-------|-----|------|------|------|---|

Yes. Explain:

| Fill       | in this informa                                | ition to identify yo                                 | our case:                             |                                                                           |                       |            |                                         |                                                |
|------------|------------------------------------------------|------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|-----------------------|------------|-----------------------------------------|------------------------------------------------|
|            | otor 1                                         | Ernesto Roto                                         |                                       |                                                                           |                       | Che        | eck if this is:                         |                                                |
| <b>5</b> . |                                                |                                                      |                                       |                                                                           |                       |            | An amended filing                       |                                                |
|            | otor 2<br>ouse, if filing)                     |                                                      |                                       |                                                                           |                       |            | A supplement show<br>13 expenses as of  | ving post-petition chapter the following date: |
| Unit       | ed States Bankı                                | ruptcy Court for the                                 | : EASTE                               | RN DISTRICT OF MICHIG                                                     | AN                    |            | MM / DD / YYYY                          |                                                |
|            | e number 12                                    | 1-58920-mar                                          |                                       |                                                                           |                       |            | A separate filing fo 2 maintains a sepa | r Debtor 2 because Debtor<br>urate household   |
|            | fficial Fo                                     | orm B 6J                                             |                                       |                                                                           |                       |            |                                         |                                                |
|            |                                                | J: Your                                              | _<br>Exper                            | ISAS                                                                      |                       |            |                                         | 12/1:                                          |
| Be<br>info | as complete<br>ormation. If m<br>mber (if know | and accurate as                                      | possible.<br>eded, atta<br>y question | If two married people ar<br>ch another sheet to this                      |                       |            |                                         | or supplying correct                           |
| 1 ai       | Is this a joir                                 |                                                      | illoiu                                |                                                                           |                       |            |                                         |                                                |
|            | ■ No. Go to                                    | o line 2.<br>es Debtor 2 live i                      | in a separa                           | ate household?                                                            |                       |            |                                         |                                                |
|            | □ N<br>□ Y                                     |                                                      | st file a sep                         | arate Schedule J.                                                         |                       |            |                                         |                                                |
| 2.         | Do you have                                    | e dependents?                                        | ■ No                                  |                                                                           |                       |            |                                         |                                                |
|            | Do not list D<br>Debtor 2.                     | ebtor 1 and                                          | ☐ Yes.                                | Fill out this information for each dependent                              | Dependent's relati    |            | Dependent's age                         | Does dependent live with you?                  |
|            | Do not state                                   |                                                      |                                       |                                                                           |                       | <u> </u>   |                                         | □ No                                           |
|            | dependents'                                    | names.                                               |                                       |                                                                           |                       |            |                                         | ☐ Yes<br>☐ No                                  |
|            |                                                |                                                      |                                       |                                                                           |                       |            |                                         | ☐ Yes                                          |
|            |                                                |                                                      |                                       |                                                                           |                       |            | _                                       | □ No                                           |
|            |                                                |                                                      |                                       |                                                                           |                       |            |                                         | ☐ Yes<br>☐ No                                  |
|            |                                                |                                                      |                                       |                                                                           |                       |            |                                         | □ Yes                                          |
| 3.         | expenses o<br>yourself and                     | penses include<br>f people other t<br>d your depende | han<br>nts? □                         | No<br>Yes                                                                 |                       |            |                                         |                                                |
| exp        | imate your ex                                  |                                                      | our bankrı                            | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                       |            |                                         |                                                |
| the        |                                                | h assistance an                                      |                                       | government assistance it<br>luded it on <i>Schedule I:</i> Y              |                       |            | Your exp                                | enses                                          |
| 4.         | The rental of                                  |                                                      |                                       | ses for your residence. It                                                | nclude first mortgage | e<br>4.    | \$                                      | 0.00                                           |
|            | . ,                                            | led in line 4:                                       | J :                                   |                                                                           |                       |            |                                         |                                                |
|            |                                                | estate taxes                                         |                                       |                                                                           |                       | 40         | ¢                                       | 0.00                                           |
|            |                                                | estate taxes<br>erty, homeowner's                    | s, or renter                          | 's insurance                                                              |                       | 4a.<br>4b. |                                         | 0.00                                           |
|            | •                                              | •                                                    |                                       | pkeep expenses                                                            |                       | 4c.        |                                         | 0.00                                           |
| _          |                                                | owner's associat                                     |                                       |                                                                           |                       | 4d.        |                                         | 0.00                                           |
| 5.         | Additional r                                   | nortgage payme                                       | ents for yo                           | our residence, such as ho                                                 | me equity loans       | 5.         | \$                                      | 0.00                                           |

| Deb | tor 1   | Capital C    | ontracting Co.                                                                                                                  | Case num   | ber (if known)   | 14-58920-mar                  |
|-----|---------|--------------|---------------------------------------------------------------------------------------------------------------------------------|------------|------------------|-------------------------------|
| 6.  | Utiliti | ies:         |                                                                                                                                 |            |                  |                               |
|     | 6a.     | Electricity, | heat, natural gas                                                                                                               | 6a.        | \$               | 0.00                          |
|     | 6b.     | Water, sev   | ver, garbage collection                                                                                                         | 6b.        | \$               | 0.00                          |
|     | 6c.     | Telephone    | e, cell phone, Internet, satellite, and cable services                                                                          | 6c.        | \$               | 0.00                          |
|     | 6d.     | Other. Spe   | ecify:                                                                                                                          | 6d.        | \$               | 0.00                          |
| 7.  | Food    | and house    | ekeeping supplies                                                                                                               | 7.         | \$               | 0.00                          |
| 8.  | Child   | Icare and c  | hildren's education costs                                                                                                       | 8.         | \$               | 0.00                          |
| 9.  | Cloth   | ning, laund  | ry, and dry cleaning                                                                                                            | 9.         | \$               | 0.00                          |
| 10. | Perso   | onal care p  | roducts and services                                                                                                            | 10.        | \$               | 0.00                          |
| 11. |         |              | ntal expenses                                                                                                                   | 11.        | \$               | 0.00                          |
|     |         |              | Include gas, maintenance, bus or train fare.                                                                                    |            | · —              |                               |
|     |         |              | ar payments.                                                                                                                    | 12.        | \$               | 0.00                          |
| 13. | Enter   | rtainment,   | clubs, recreation, newspapers, magazines, and books                                                                             | 13.        | \$               | 0.00                          |
| 14. | Chari   | itable cont  | ributions and religious donations                                                                                               | 14.        | \$               | 0.00                          |
| 15. | Insur   | ance.        |                                                                                                                                 |            |                  |                               |
|     |         |              | surance deducted from your pay or included in lines 4 or 20.                                                                    |            | •                |                               |
|     |         | Life insura  |                                                                                                                                 | 15a.       |                  | 0.00                          |
|     |         | Health ins   |                                                                                                                                 | 15b.       | ,                | 0.00                          |
|     |         | Vehicle ins  |                                                                                                                                 | 15c.       | ·                | 0.00                          |
|     |         |              | rance. Specify:                                                                                                                 | 15d.       | \$               | 0.00                          |
| 16. |         |              | clude taxes deducted from your pay or included in lines 4 or 20.                                                                |            |                  |                               |
|     | Speci   |              |                                                                                                                                 | 16.        | \$               | 0.00                          |
| 17. |         |              | ease payments:                                                                                                                  | 47-        | <b>c</b>         | 0.00                          |
|     |         |              | ents for Vehicle 1                                                                                                              | 17a.       | ·                | 0.00                          |
|     |         |              | ents for Vehicle 2                                                                                                              | 17b.       |                  | 0.00                          |
|     |         | Other. Spe   |                                                                                                                                 | 17c.       |                  | 0.00                          |
| 4.0 |         | Other. Spe   | ·                                                                                                                               | 17d.       | \$               | 0.00                          |
| 18. |         |              | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18.        | \$               | 0.00                          |
| 19  |         |              | s you make to support others who do not live with you.                                                                          | 10.        | \$               | 0.00                          |
|     | Speci   |              | , you make to support outsite who as het me with your                                                                           | 19.        | <u> </u>         | 0.00                          |
| 20. |         |              | erty expenses not included in lines 4 or 5 of this form or on Sche                                                              |            | our Income.      |                               |
|     |         |              | on other property                                                                                                               | 20a.       |                  | 0.00                          |
|     | 20b.    | Real estat   | e taxes                                                                                                                         | 20b.       | \$               | 0.00                          |
|     | 20c.    | Property, h  | nomeowner's, or renter's insurance                                                                                              | 20c.       | \$               | 0.00                          |
|     | 20d.    | Maintenan    | ce, repair, and upkeep expenses                                                                                                 | 20d.       | \$               | 0.00                          |
|     |         |              | er's association or condominium dues                                                                                            | 20e.       | \$               | 0.00                          |
| 21. | Othe    | r: Specify:  |                                                                                                                                 | 21.        | +\$              | 0.00                          |
|     |         |              |                                                                                                                                 |            | · _              |                               |
| 22. |         | -            | xpenses. Add lines 4 through 21.                                                                                                | 22.        | \$               | 0.00                          |
| 00  |         |              | r monthly expenses.                                                                                                             |            |                  |                               |
| 23. |         | •            | monthly net income.                                                                                                             | 220        | ¢.               | 0.00                          |
|     |         |              | 12 (your combined monthly income) from Schedule I.                                                                              | 23a.       |                  | 0.00                          |
|     | 23D.    | Copy your    | monthly expenses from line 22 above.                                                                                            | 23b.       | -\$ <u> </u>     | 0.00                          |
|     | 23c     | Subtract v   | our monthly expenses from your monthly income.                                                                                  |            |                  |                               |
|     | 200.    |              | is your monthly net income.                                                                                                     | 23c.       | \$               | 0.00                          |
|     |         |              | ,                                                                                                                               |            |                  |                               |
| 24. |         |              | an increase or decrease in your expenses within the year after you                                                              |            |                  |                               |
|     |         |              | u expect to finish paying for your car loan within the year or do you expect your terms of your mortgage?                       | mortgage p | payment to incre | ease or decrease decause of a |
|     | ■ No    |              |                                                                                                                                 |            |                  |                               |
|     |         |              |                                                                                                                                 |            |                  |                               |
|     | Expla   |              |                                                                                                                                 |            |                  |                               |

# United States Bankruptcy Court Eastern District of Michigan

| In re | Capital Contracting Co. |           | Case No. | 14-58920-mar |
|-------|-------------------------|-----------|----------|--------------|
|       |                         | Debtor(s) | Chapter  | 7            |

| DECLARATION                                                                                                                                                                                                | CONCERNING DEB                                                                         | TOR'S SCHEDULES                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| DECLARATION UNDER                                                                                                                                                                                          | PENALTY OF PERJUR                                                                      | Y BY INDIVIDUAL DEBTOR                                                             |
| I declare under penalty of perjury that I have re are true and correct to the best of my knowledge, in                                                                                                     |                                                                                        | and schedules, consisting of sheets, and that they                                 |
| Date                                                                                                                                                                                                       | Signature:                                                                             |                                                                                    |
|                                                                                                                                                                                                            | _                                                                                      | Debtor                                                                             |
| Date                                                                                                                                                                                                       | Signature:                                                                             |                                                                                    |
|                                                                                                                                                                                                            |                                                                                        | (Joint Debtor, if any)                                                             |
|                                                                                                                                                                                                            | [If joint o                                                                            | case, both spouses must sign.]                                                     |
| I, the President [the president or other offi authorized agent of the partnership] of the corpor declare under penalty of perjury that I have read the shown on summary page plus 1], and that they are to | icer or an authorized agent of ration [corporation or part of foregoing summary and sc | nership] named as a debtor in this case,<br>hedules, consisting of27 sheets [total |
| Date December 22, 2014                                                                                                                                                                                     | Signature:                                                                             | /s/ Ernesto Rotondo                                                                |
|                                                                                                                                                                                                            |                                                                                        | Ernesto Rotondo                                                                    |
|                                                                                                                                                                                                            |                                                                                        | [Print or type name of individual signing on behalf of debtor]                     |
| [An individual signing on behalf of a                                                                                                                                                                      | partnership or corporation must in                                                     | ndicate position or relationship to debtor.]                                       |
| Penalty for making a false statement or concealing property. Fir                                                                                                                                           | ne of up to \$500,000 or imprisonme                                                    | ent for up to 5 years or both 18 U.S.C. 88 152 and 3571                            |

# **United States Bankruptcy Court Eastern District of Michigan**

| In re | Capital Contracting Co. | Case No.  | 14-58920-mar |   |
|-------|-------------------------|-----------|--------------|---|
|       |                         | Debtor(s) | Chapter      | 7 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT         | SOURCE |
|----------------|--------|
| \$2,134,556.00 | ytd    |
| \$3,260,645.00 | 2013   |
| \$2,944,026.00 | 2012   |

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 3. Payments to creditors

None

#### Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR<br>Mack Ind<br>8265 White Lake Rd<br>White Lake, MI 48386 | DATES OF<br>PAYMENTS/<br>TRANSFERS<br>9-17-2014<br>10-30-14<br>11-6-14 Joint Check<br>11-25-14 | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS<br>\$107,399.78 | AMOUNT STILL<br>OWING<br>\$49,981.32 |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|
| Michigan Pipe & Valve<br>4040 Eagles Nest Road<br>Flushing, MI 48433                   | 9-17-14<br>10-9-14<br>11-6-14 Joint Check<br>11-6-14<br>12-8-14                                | \$359,507.47                                               | \$79,024.85                          |
| Wiegand Crushing<br>37580 Mound Rd<br>Sterling Heights, MI 48310                       | 9-17-14                                                                                        | \$11,054.99                                                | \$13,399.55                          |
| J&H Transportation<br>37580 Mound Rd<br>Sterling Heights, MI 48310                     | 9-17-14<br>11-24-14<br>12-3-14                                                                 | \$30,468.69                                                | \$7,829.68                           |
| Wells Fargo<br>PO Box 10335<br>Des Moines, IA 50306-0335                               | 9-19-14 ** Secured Debt<br>9-29-14 **Secured Debt                                              | \$12,819.62                                                | \$69,815.00                          |
| Michigan CAT<br>12550 23 Mile Rd<br>Utica, MI 48315                                    | 9-22-14**Secured Debt<br>10-9-14-**Secured Debt<br>11-26-14-**Secured Debt                     | \$34,929.74                                                | \$183,752.11                         |
| Corrigan Oil<br>775 N Second Street<br>Brighton, MI 48116                              | 9-22-14<br>11-7-14<br>11-20-14                                                                 | \$33,731.78                                                | \$2,442.02                           |
| Association Benefits<br>27333 Meadowbrook Rd Suite 230<br>Novi, MI 48377               | 9-23-14<br>10-14-14                                                                            | \$13,329.36                                                | \$0.00                               |
| James Burg Trucking<br>27275 Mound<br>Warren, MI 48092                                 | 9-25-14-unperfected security agreement                                                         | \$20,000.00                                                | \$0.00                               |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| NAME AND ADDRESS OF CREDITOR United Health                               | DATES OF<br>PAYMENTS/<br>TRANSFERS<br>9-30-14                                                                                                                                                                                 | AMOUNT PAID OR VALUE OF TRANSFERS \$6,876.82 | AMOUNT STILL<br>OWING<br>\$0.00 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|
| Diana Rotondo<br>45930 Private Shore Drive<br>New Baltimore, MI 48047    | 10-8-14 ***Payment on<br>Secured Debt - debt is<br>secured by UCC-1 Financing<br>Statement filed on 05.10.2013<br>10-9-14*** Payment on<br>Secured Debt - debt is<br>secured by UCC-1 Financing<br>Statement filed on 5.10.13 | \$144,556.96                                 | \$0.00                          |
| Messina Tr<br>6386 Auburn Rd<br>Utica, MI 48317                          | 10-17-14                                                                                                                                                                                                                      | \$7,993.87                                   | \$0.00                          |
| Northern Concrete Pipe Inc<br>401 Kelton St<br>Bay City, MI 48706        | 11-6-14 Joint Check<br>11-24-14<br>12-3-14                                                                                                                                                                                    | \$95,351.01                                  | \$24,762.58                     |
| Amerisure Mutual<br>26777 Halsted Rd<br>Farmington, MI 48331             | 11-10-14                                                                                                                                                                                                                      | \$15,550.28                                  | \$0.00                          |
| Adv Underground<br>38657 Webb Dr<br>Westland, MI 48185                   | 11-24-14                                                                                                                                                                                                                      | \$6,841.75                                   | \$0.00                          |
| Coats Rose<br>365 Canal St Ste 800<br>New Orleans, LA 70130              | 11-24-14                                                                                                                                                                                                                      | \$11,522.08                                  | \$0.00                          |
| Wiegand Crushing Company<br>37580 Mound Rd<br>Sterling Heights, MI 48312 | 11-24-14<br>12-3-14                                                                                                                                                                                                           | \$14,461.32                                  | \$13,399.55                     |
| Sable Law Firm<br>48723 Hayes Rd<br>Utica, MI 48315                      | 11-21-14                                                                                                                                                                                                                      | \$15,000.00                                  | \$15,000.00                     |

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT                                             | AMOUNT PAID  | AMOUNT STILL<br>OWING |
|---------------------------------------------------------|-------------------------------------------------------------|--------------|-----------------------|
| Ernesto Rotondo<br>18332 Nardy                          | 11-21-14-Payment on Secured Debt - debt is                  | \$355,724.14 | \$86,600.71           |
| Clinton Township, MI 48036<br>President                 | secured by UCC-1 Financing<br>Statement filed on 02.08.2013 |              |                       |

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT                                | NATURE OF         | COURT OR AGENCY             | STATUS OR   |
|------------------------------------------------|-------------------|-----------------------------|-------------|
| AND CASE NUMBER                                | PROCEEDING        | AND LOCATION                | DISPOSITION |
| Longhorn Estates LLC v. Shelby Twp and Capital | Breach of         | Macomb County Circuit Court | Judgment    |
| Contracting                                    | Contract/Negligen |                             |             |
|                                                | ce                |                             |             |

CAPTION OF SUIT
AND CASE NUMBER
F&M Poured Walls Inc v. Michigan Home Buiders
and Capital Contracting Co
Capital Contracting (Third Party Plaintiff v. VT

NATURE OF COURT OR AGENCY
PROCEEDING AND LOCATION
Breach of Contract Wayne County Circuit Court

STATUS OR DISPOSITION On Appeal

None

Agency d/b/s Visionary Title

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED Michigan Department of Treasury Collection/Bankruptcy Unit P O Box 30168 Lansing, MI 48909

DATE OF SEIZURE November 2014

DESCRIPTION AND VALUE OF PROPERTY \$30,000 from PNC bank account

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Goldstein Bershad & Fried PC 4000 Town Center Suite 1200 Southfield, MI 48075 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$5,000 received for action and
analysis of potential bankruptcy
\$10,0000 for review, preparation
of bankruptcy petition

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR Contractor Solutions Rental LLC 45930 Private Shore Drive New Baltimore, MI 48047

DATE 11-21-14 DESCRIBE PROPERTY TRANSFERRED

AND VALUE RECEIVED

Equipment, tools, furniture furnishings vehicle and

Equipment, tools, furniture furnishings vehicle and business machinery and equipment, including computers and servers. Excludes any intangibles

Gross Sale Price \$861,450 (includes assumption of debts identified in schedules securing assets sold)

Sale Price Determined by 10-29-14 Appraisal by R. J. Montgomery & Associates

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

Software Copyright (c) 1996-2014 Best Case, LLC - www.bestcase.com 14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 33 of 39

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

NOTICE

LAW

GOVERNMENTAL UNIT

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

LAW

GOVERNMENTAL UNIT

NOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

**BEGINNING AND ENDING DATES** 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. None

NAME

NAME **ADDRESS** 

Software Copyright (c) 1996-2014 Best Case, LLC - www.bestcase.com 14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 35 of 39 Best Case Bankruptcy

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

| 19. | Books. | records | and fins | ancial | statements |
|-----|--------|---------|----------|--------|------------|
|     |        |         |          |        |            |

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS Pellegrino Klompstra & Company 42536 Hayes Road, ste 800 Clinton Township, MI 48038

James Rocchio 300 E. Long Lake Rd Bloomfield Hills, MI 48304 2004-present

2004-present

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED Pellegrino Klompstra & Company 42536 Hayes Rd., Ste 800 2004-present

Clinton Township, MI 48038

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY
Only inventory that have been taken are for purposes of personal property taxes

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY
Only inventory that have been taken are for purposes of personal property taxes

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
Ernesto Rotondo

Software Copyright (c) 1996-2014 Best Case, LLC - www.bestcase.com 14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 36 of 39

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

Software Copyright (c) 1996-2014 Best Case, LLC - www.bestcase.com 14-58920-mar Doc 8 Filed 12/23/14 Entered 12/23/14 14:29:12 Page 37 of 39

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

| Date | December 22, 2014 | Signature | /s/ Ernesto Rotondo |  |
|------|-------------------|-----------|---------------------|--|
|      |                   |           | Ernesto Rotondo     |  |
|      |                   |           | President           |  |

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

# **United States Bankruptcy Court Eastern District of Michigan**

| In re      | Capital Contracting Co.                                                                                                                                                                                                                                                                                                                                                     |                      |                                                         |                                     | Case No.                | 14-58920-mar                       |  |  |  |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------|-------------------------------------|-------------------------|------------------------------------|--|--|--|
| •          | -                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                         | Debtor(s)                           | Chapter                 | 7                                  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                         |                                     |                         |                                    |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                         | OF ATTORNEY FOR ANT TO F.R.BANKR.P. | <u> </u>                |                                    |  |  |  |
|            | The und                                                                                                                                                                                                                                                                                                                                                                     | lersigned, pursuar   | nt to F.R.Bankr.P. 2016(b),                             | states that:                        |                         |                                    |  |  |  |
| 1.         | The und                                                                                                                                                                                                                                                                                                                                                                     | dersigned is the att | ttorney for the Debtor(s) in                            | this case.                          |                         |                                    |  |  |  |
| 2.         | The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]  [ ] FLAT FEE                                                                                                                                                                                                                                                                |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | A.                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | B. Prior to filing this statement, received                                                                                                                                                                                                                                                                                                                                 |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | C.                                                                                                                                                                                                                                                                                                                                                                          | <del></del>          |                                                         |                                     |                         |                                    |  |  |  |
|            | [X]                                                                                                                                                                                                                                                                                                                                                                         | RETAINER             |                                                         |                                     |                         |                                    |  |  |  |
|            | A.                                                                                                                                                                                                                                                                                                                                                                          | Amount of reta       | ainer received                                          |                                     | 10                      | 000.00                             |  |  |  |
|            | B. The undersigned shall bill against the retainer at an hourly rate of \$250.00 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.                                                                                                                                             |                      |                                                         |                                     |                         |                                    |  |  |  |
| 3.         | \$ 335                                                                                                                                                                                                                                                                                                                                                                      | 5.00 of the filin    | ng fee has been paid.                                   |                                     |                         |                                    |  |  |  |
| 4.         | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]                                                                                                                                                                                                          |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;                                                                                                                                                                                                                                |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | <ul> <li>B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> </ul> |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | E. Reaffirmations;                                                                                                                                                                                                                                                                                                                                                          |                      |                                                         |                                     |                         |                                    |  |  |  |
|            | <del>F.</del><br><del>G.</del>                                                                                                                                                                                                                                                                                                                                              | Redemptions; Other:  |                                                         |                                     |                         |                                    |  |  |  |
| 5.         | By agreement with the debtor(s), the above-disclosed fee does not include the following services:                                                                                                                                                                                                                                                                           |                      |                                                         |                                     |                         |                                    |  |  |  |
| <i>J</i> . | Representation of the Debtor in any dischargeability actions, judicial lien avoidances, relief from stay actions, reaffirmations, or any other adversary or contested proceeding. If retainer is exhausted, Debtor agrees to replace                                                                                                                                        |                      |                                                         |                                     |                         |                                    |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                             |                      | s, or any other adversáry<br>nsents to withdrawal of at |                                     |                         | d, Debtor agrées to replace        |  |  |  |
| 6.         | The source of payments to the undersigned was from:  A. XX Debtor(s)' earnings, wages, compensation for services performed  B. Other (describe, including the identity of payor)                                                                                                                                                                                            |                      |                                                         |                                     |                         |                                    |  |  |  |
| 7.         | The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:                                                                                                                                                                      |                      |                                                         |                                     |                         |                                    |  |  |  |
| Dated:     | December 22, 2014                                                                                                                                                                                                                                                                                                                                                           |                      |                                                         | /s/ Scott M. Kwiatkow               | ski                     |                                    |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                             | ,                    |                                                         |                                     | Attorney for the Debtor | s)<br>(P67871) scott@bk-lawyer.net |  |  |  |
| Agreed:    | <u>/s/ E</u> r                                                                                                                                                                                                                                                                                                                                                              | nesto Rotondo        |                                                         |                                     |                         |                                    |  |  |  |
| -          | Ernes<br>Debto                                                                                                                                                                                                                                                                                                                                                              | sto Rotondo<br>or    |                                                         | <u></u>                             | Debtor                  |                                    |  |  |  |